

PREMIUM DEFERRAL AGREEMENT

By completing and signing this form, you are agreeing to participate in the MagMutual medical professional liability premium deferral program (the "Program"). The Program's enrollment period is April 1 – December 31, 2020, and you will have the option to defer your premium payment for nine months. Your premium will be due, interest free, upon termination of the deferral period. You agree to pay the deferred premium in a lump sum or in quarterly installments. Please indicate your payment preference below.

Unfortunately, MagMutual has no authority to defer the taxes and state surcharges applicable to your policy, so you must pay those charges when billed. The bill we send will clearly indicate your current payment responsibility for those taxes and surcharges.

This form must be signed by an authorized officer of the policyholder and returned to MagMutual at premiumdeferral@magmutual.com or 3535 Piedmont Rd. NE, Building 14, Suite 1000, Atlanta, GA 30305-1518.

Yes, I/We elect to defer premium

Payment Option

2019-2020 policy term

Lump sum

OR

2020-2021 policy term

Quarterly installments

Name of Policyholder _____

Policy Number _____

Signature _____

Date _____